

## REMARKS

Claims 74-80, 82, 84-89 are pending. Claims 74-78, 80 and 82 have been amended.

Claims 81 and 83 are canceled. New claims 84-89 have been added. No new matter is entered.

Claims 74-82 stand rejected under 35 U.S.C. § 112 as failing to comply with the written description requirement. The rejection is respectfully traversed in light of the amendments herein and for the reasons provided below.

With respect to claim 74, the office action asserts that the following phrases are not recited in the original disclosure. Comments and citations to the portions of the specification including the phrases are provided below.

*“Prioritize said patient’s major complaints.”* The term ‘complaints’ in this phrase in claim 74 has been replaced by ‘symptom’ even though both terms are believed to be interchangeable as used herein, and both of which are believed to be used throughout the original specification. Reference to prioritization of symptoms is provided in the specification, for example, with respect to collecting information about symptoms in patient triage, e.g., at pages 32, 36-38, etc.

*“Major complaints are ranked by relevance.”* The term relevance is meant to reflect, for example, patient and system priorities. As such, the term ‘relevance’ has been replaced with ‘priority’ in claim 74. Some examples of such references in the specification are as follows:

A process of gathering a patient’s judgment on a priority of provisional problems, which are typically symptoms, or related issues, as to their priority for discussion with the physician. (Page 65, lines 12-15).

Gathering system priority based on medical reasons. (Page 65, lines 15-18).

“The problem list is presented to the physician in order of priority.” (Page 65, lines 19-

22). This description illustrates that the system is capable of ranking symptoms by a combination of system and patient priorities during an interview and for a physician report.

Ranking is also illustrated in Figure 11A, 1225: “Present problem-oriented summary by patient and system priority.”

*“Interview configuration profile”* and *“Configuration profile.”* References to a configuration profile were removed from claim 74.

With respect to claim 75, the following phrases are alleged in the Office Action to not be included in the original disclosure. Comments and citations to the specification describing such phrases are provided below:

*“Index symptom(s).”* The term symptom and complaint are meant to be interchangeable as used herein. The phrase ‘index complaint’ appears in original disclosure, at page 43, lines 6-7.

*“Redundant characterization of detail is skipped.”* The concept that a redundant characterization of detail is skipped is provided in the specification, for example at pages 43, 44, 56, and 58, and also Figure 8 boxes 920, 945, and 965 which indicate skipping redundant detail by not characterizing separately if symptoms are judged to be “the same”. This skipping process is explained at page 58, lines 19-20: “if the patient responds that these symptoms are the same, then the exercise pain is not further characterized, block 920.” Such a screening strategy is provided to include features that may minimize patient frustration that might result when a patient’s attention is focused on common symptoms that do not really trouble them. See also page 45, lines 5-7.

With respect to claim 76, the following phrases are alleged in the Office Action to not be included in the original disclosure. Comments and citations to the specification describing such phrases are provided below:

*“Functional status.”* ‘Functional status’ is meant to describe a level of functioning, and may reflect a degree of functional impairment. Claim 76 has been amended accordingly to change “functional status” to “functional abilities”, which is referenced, for example, in box 810 in Figure 7B: “Define QOL and impact on functional abilities.”

*“Concurrent symptom groups.”* The phrase “concurrent symptom groups” is replaced herein with “overlapping physical and psychosocial symptoms” which are symptoms that occur together in time or that share physical location or other features. At least one key advantage of the invention is its capability to capture multiple, potentially overlapping symptoms across a full range of physical and psychosocial symptoms. Scoring individual domains of related symptoms can allow an array of symptoms to be measured in patients for the purposes of patient care, research, and quality assurance, etc. Examples of such an approach appear throughout the specification, such as assessment and measurement of physical symptoms (page 43, line 3 to page 50, line 9), and psychosocial symptoms (page 62, line 9 to page 64, line 13). The amendments to claim 76 are meant to more distinctly point out physical and psychosocial symptom multiplicity and overlap and also an approach to scoring that may facilitate management of difficult cases that present such multiplicity of symptoms.

With respect to claim 77, the following phrases are alleged in the Office Action to not be included in the original disclosure. Comments and citations to the specification describing such phrases are provided below:

*“Functional status.”* “Functional status” has been replaced by “functional abilities” for the same reasons described with respect to claim 76.

*“Generic domains.”* “Generic domains” has been replaced in claim 77 with “general domains” which is meant to refer to domains that are shared by common disorders, see for example, page 21, lines 15-17, which refers to “general and condition-specific health status.”

With respect to claim 78, the Office Action alleges that *“functional status”* is not included in the original disclosure. The phrase “functional status” has been replaced by “functional abilities” for the reasons described with respect to claim 76.

No separate rejection is stated for claim 79.

With respect to claim 80, the phrase “individual scores are reported to facilitate interpretation by a physician” is alleged in the Office Action to not be included in the original disclosure. One example of a description of such phrase is provided at page 63, lines 7-14, which states that “each domain comprises a scale with validity and reliability measures; the inventive system analyzes patient responses on the scale for each domain in real time and reports this information to the physician.” This same approach of analyzing scores for “each domain” and for groups of domains is used for all symptoms, physical and psychosocial. Therefore, domains (groups of related symptoms) are scored independently and reported to the physician.

Claim 81 is canceled without prejudice.

Claim 82 has been amended to refer to routine procedures and research, which is based on disclosures in the specification, for example, at page 41, line 10 to page 42, line 15.

Claim 83 is also canceled without prejudice.

New claim 84 is entered herein which relates to a standardized characterization of symptoms that can yield findings with implications for diagnosis, prognosis, or inference on the level of visceral or somatic sensation. Claim 84 is supported through out the specification, for example in sections describing symptom characterization, e.g., screening strategies are discussed

on pages 43 to 50, characterization is described at pages 53, line 2 to page 55, line 16. Reference to fibromuscular involvement is, for example, at page 54, line 17 to page 55, line 1.

With respect to a history of certain prior symptoms, especially if severe; the presence of multiple symptoms; and certain characteristic features can have implications for a diagnosis. In one example, potentially-related symptom complexes, such as indigestion, heartburn, diarrhea and abdominal pain, may indicate underlying irritable bowel syndrome related to enhanced visceral sensation. (See page 60, lines 13-19 and an example discussed at page 84.

New claim 85 is entered which relates to discovering obscured symptoms. Such concepts are described, for example, in Figure 7C, Figure 8, page 23, and page 57, line 14 to page 60, line 19.

New claim 86 refers to a system response analyzer which is described on page 39.

New claim 87 refers to an agenda for a clinic session. One example of an agenda is described at page 65, line 1 to page 66, line 7, and which refers to a utility of the agenda in being able to enumerate factors that should predict utilization of clinic time

New claim 88 relates to supporting problem management. Problem management features are described in detail at page 66, line 8 to page 67, line 4, and Table 5. Among the novel features of the invention recited in claim 88, are the data management functions and electronic medical record systems described in the specification which incorporate patient data per problem and provide problem management.

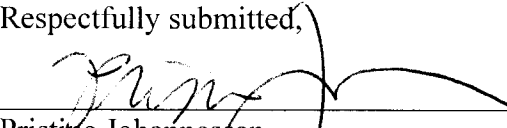
New claim 89 relates to return visits which are described, for example, at pages 75-78.

In light of the above highly detailed explanation, Applicants respectfully submit that all claim rejections have been overcome and that all pending claims are in condition for allowance.

No fee is believed due in connection with this Response (other than a fee for a one-month extension of time). If any other fee is required, please charge such fee to Deposit Account No. 50-0310.

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Respectfully submitted,



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